

		7
SUBJECT:	Land Recovery Services, Corp (proposed corporate name)	
	lease find an original and one (1) copy of the artic oration and check in the amount of \$122.50	
FROM:	Robert_Medell Name	
	126 Minorca Avenue Address	
	Coral Gables, FL 33134 City, State, & Zip	
	(_305_) <u>445-5435</u> Telephone Number	50000014555965 -05/22/350106004 ++++122,50 +*++122.50

Note: Additional copy of articles is needed when certified copy is requested.

5/25/25 TB

ARTICLES OF INCORPORATION

OE

LAND RECOVERY SERVICES, CORP.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: Land Recovery Services, Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

126 Minorca Avenue Coral Gables, FL 33134

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 Shares of Common Stock, \$1 (One Dollar) Par Value.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Robert Medell 126 Minorca Avenue Coral Gables, FL 33134



ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Robert Medell 126 Minorca Avenue Coral Gables, FL 33134

 12.71	day of	Mr.	, 1995
		Eme-	-les
		Signature/I	
		Signature/1	itle

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

- 1. The name of the corporation is: Land Recovery Services, Corp.
- 2. The name and address of the registered agent and office is:

Robert Medell 126 Minorca Avenue Coral Gables, FL 33134

SIGNAT	URE Div
	(corporate officer)
TITLE _	Real.
DATE_	5/12/95

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

DATE ________

REGISTERED AGENT FILING FEE: \$35.00